

10 ~~CV~~ 8770UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

James J. Colone
 (In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

Newport Cigarettes
Marlboro Cigarettes
Philip Morris Inc.
(FDA) Food and Drug Administration
200 Broadway St.

Jury Trial: ☒ Yes ☐ No
 (check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Street Address

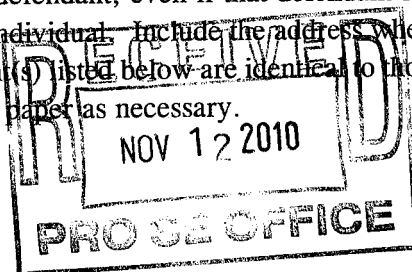
County, City

State & Zip Code

Telephone Number

James J. Colone
2235 84 Ave Apt # 2J
New York, New York, Manhattan
New York, 10027
(212) 663-5025

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.



Defendant No. 1

Name

Newport Cigarettes

(Lowell product)
(Philip Morris product)

Street Address

6601 West Broad St. P.O. Box 21688

County, City

Richmond

Ph. Greenboro

State & Zip Code

Virginia 23260

North Carolina 27424

Telephone Number

1877-703-0386

Defendant No. 2

Name

Mallory Cigarettes (Philip Morris product)

Street Address

6601 West Broad St.

County, City

Richmond

State & Zip Code

Virginia 23260

Telephone Number

Defendant No. 3

Name

Philip Morris USA an Altria Company

Street Address

6601 West Broad St.

County, City

Richmond

State & Zip Code

Virginia 23260

Telephone Number

Defendant No. 4

Name

(FDA) Food and Drug Administration

Street Address

Office of Science Center for Tobacco Product

County, City

9200 Corporate Boulevard

State & Zip Code

Maryland 20850

Telephone Number

more info

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions☒ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?

The right that consumer is usually right
Dum proen I was molested by use of cigarette
product. Right to liberty of

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship

New York

Defendant(s) state(s) of citizenship

Richmond Va, New York.

Rest of Country

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? The events

giving rise to my claim occurred in New York and rest
of United States

B. What date and approximate time did the events giving rise to your claim(s) occur? _____

03 - Until current date is the approximate
time that events have given rise to my claim

C. Facts: I am suing for the price up is prices

of Newport and Marlboro Cigarettes. They now cost
twelve dollars a pack and just three years ago
they cost eight dollars a pack. The situation
is way out of control. As well as commercials
against cigarettes. The commercials are disgusting.
I want them to stop FTA and Philip Morris
you also making about the commercial (Truth Commercial)
the still up the public that the price of
cigarettes has gone up due to export and import
between state to state because of gas prices.
but that is not the consumer's problem.
Things need to either be run at these
companies as well as the FTA and Philip
Morris USA. Cigarette companies have to better
accommodate me the consumer.

What
happened
to you?

Who did
what?

Was anyone
else
involved?

Who else
saw what
happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. _____

Watching of Truth Commercial during prices of
cigarettes that is way out of control. The consumer
is not responsible for how much it cost
to make a cigarette.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

The relief requesting is the price of cigarettes to go down for commercial of what cigarette smoke does to an individual to stop. The responsible for consumer to have to worry about cost of moving product to stop along with any other reason for the price of cigarettes going up into stop. In light of the complaint I am suing all parties for one billion dollar each and for the price of cigarettes to go down.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 10 day of Nov, 2010.

Signature of Plaintiff

Mailing Address

Jason J. Coleman
2235 83rd Ave Apt #25
New York, N.Y. 10027

Telephone Number

(212) 663-5025

Fax Number (if you have one)

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Inmate Number _____